

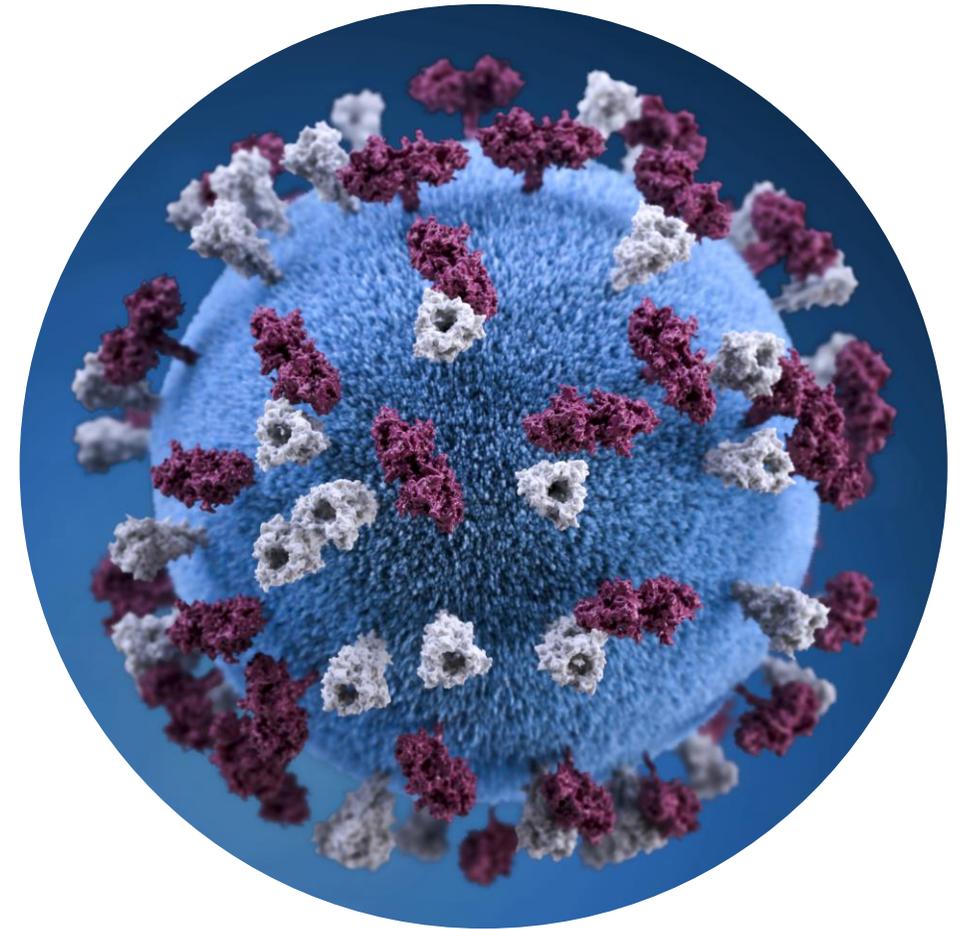


SURVIVING COVID-19

LESSONS FROM A WISCONSIN
LONG-TERM CARE FACILITY

IT ALL STARTED WITH ONE CASE...

- One case was the catalyst for an outbreak that would span 8 weeks among residents and longer among staff
- One case was the catalyst that almost sent our Infection Preventionist (and DON) over the edge, multiple times
- One case was the catalyst for creating an arsenal of lessons learned that will impact best practices moving forward as we navigate the unknown territory that is Coronavirus-2019



WHAT WE DID

STAYING ON TOP OF IT...

- Early involvement and engagement with our medical director, the local health department, and DHS was imperative to gaining an edge on the outbreak
 - Daily contact was the norm
 - Offered guidance on:
 - Staff education
 - Contact tracing
 - Supported need for blanket resident testing
 - Supported need for blanket and on-going staff testing
 - Reinforced protocols and procedures with family members related to inquiries
 - Conducted on-site inspection (DHS and HD)

STAFF EDUCATION



Utilized guidance, resources, and tools from
DHS, CDC, and AMDA



Illness and Symptom Reporting



Educational
experiences

In-person
E-Learning
Educational Tri-fold Poster Boards
on each unit



Audits/Safety Checks



Trained Observers

COMMUNICATION

- Transparency and consistency in communication upfront with families and residents was imperative
- Developed a COVID hotline for families to call that provided weekly updates or as changes occurred
- Information provided on our organization website
- Developed a phone-tree for each resident unit for ease of access when cases were identified
 - RN Manager and Social Worker made calls
- Daily COVID-updates during "stand-up" to management team to disseminate to staff
- Updates provided on home screen of timeclock site



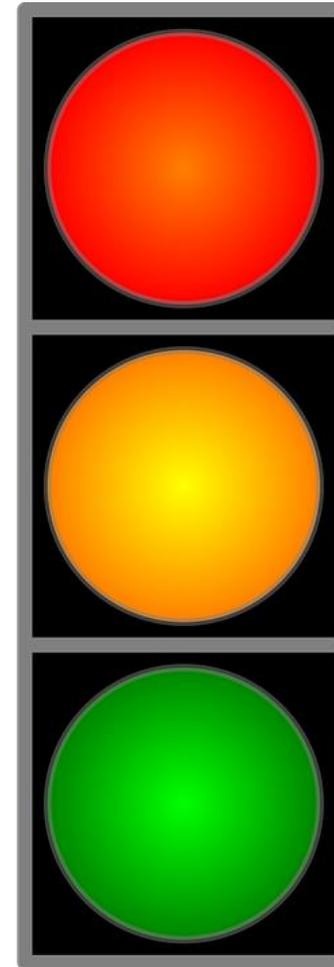
CREATING A "COVID WING"

- Had the ability to cohort active cases on one "COVID wing"
 - Dedicated Staff: Nursing, Housekeeping, Rec. Therapy, and Physical Therapy
 - Staff could remain in full PPE (helped with conservation)
 - Residents participated in active exercise and virtual visits to remain conditioned and connected
 - Dedicated PT and lower nurse-to-patient ratio helped improve outcomes
 - In hindsight not sure if this was efficacious or not
 - Staffing unit presented myriad of challenges
 - Financial (Hazard pay, expenses)
 - Logistical (staff had to be dedicated, left other units short)



ZONING

- Developed a zoning structure for residents requiring precautions
- Yellow Stone Park (14-day precautions/holding zone)
- Green Acres (Graduates of 14 days iso or history of covid)
- Red- Covid Cabanas (any active positive cases)



CASES LED TO INCREASED ACCESS TO RESOURCES

- Outbreak increased our ability to secure vital resources to contain the spread
 - PPE
 - N95 masks
 - Gowns (critical shortage)
 - Gowns from Federal allocation were unusable
 - Testing Supplies
 - Exact Sciences (staff)
 - Local lab partner (residents)
 - Offered continuous support from DHS and StateHealth Departments
 - Conducted an on-site and tele-ICAR

LESSONS LEARNED

LEARNING THROUGH THE OUTBREAK

- We were not prepared for this!
- Lack of PPE during initial onset contributed to outbreak
- Access to resources and testing was critical to developing plan and catching asymptomatic positives
- Use of full PPE for direct care has limited exposures from asymptomatic staff
- The dedication and strength of our team was evident in full measure during this outbreak!
- Everyone and every role was important! We re-deployed staff from other areas that were shut down or limited

FINAL THOUGHTS

"The darkest moments of our lives are not to be buried and forgotten, rather they are a memory to be called upon for inspiration to remind us of the unrelenting human spirit and our capacity to overcome the intolerable"

-Vince Lombardi

